

**NORTH BRUNSWICK TOWNSHIP -- OFFICE OF THE TOWNSHIP CLERK**  
**2018 -2019 BUSINESS, MERCHANT'S AND/OR FOOD VENDOR'S LICENSE & RENEWAL APPLICATION**

**Effective dates: 8/1/18 - 7/31/19**      **PLEASE FILL IN ALL SPACES**      **FEE:** \_\_\_\_\_

Late fees apply to all renewals as of September 1<sup>st</sup>, 2018

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact at Corporate Office: \_\_\_\_\_ Fax #: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

Address of Business Location (Local): \_\_\_\_\_

E-Mail for Renewals: \_\_\_\_\_ Phone \_\_\_\_\_

Owner of Property: \_\_\_\_\_

**SIGNATURE OF BUSINESS OWNER : (REQUIRED)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\*INFORMATION IN THE BOX BELOW MUST BE PROVIDED\*\*\*\***

If business is a warehouse, total square feet of storage space: If business is a store, list total square feet of sales floor space:
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**IF APPLICABLE:**

**List Number of Vending Machines:**      Food \_\_\_\_\_      Beverage \_\_\_\_\_      Jukebox \_\_\_\_\_  
(includes machines for customers or employees)  
Amusement \_\_\_\_\_

**LIST NAME AND ADDRESS OF ALL COMPANIES THAT OWN AND OPERATE THE ABOVE-REFERENCED MACHINES.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*ALL FOOD HANDLERS: PLEASE COMPLETE THIS SECTION**

If your business is food related or has a staffed cafeteria, please list the employees who have completed the required food handling management course and date of completion. <b>PLEASE ATTACH A COPY OF CERTIFICATION. APPLICATION WILL BE SENT BACK IF NO CERTIFICATION IS ATTACHED.</b>
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**\*\*CATERING / ICE CREAM / FOOD VENDOR TRUCKS / LIMOUSINES / TAXIS: PLEASE COMPLETE THIS SECTION**

License Plate Number(s) of Car / Truck(s) to be licensed: <b>NOTE: Ice cream truck operator's must complete police department form in compliance with title 39: chapter 4, section 128.</b>
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**\*\*THE APPLICANT FOR THIS LICENSE HEREBY CERTIFIES THAT THE BUSINESS OPERATION DESCRIBED HEREIN FOR WHICH A LICENSE IS APPLIED FOR SHALL NOT PERMIT ANY PERSON ACTUALLY PRESENT IN THE BUSINESS PREMISES TO APPEAR IN A STATE OF NUDITY.\*\***

**\*\*FOR TOWNSHIP USE ONLY\*\***

<b>Approvals:</b> Zoning Officer: _____ Date: _____ Health Inspector: _____ Date: _____
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**PLEASE MAKE OUT PAYMENT TO: North Brunswick Township**  
**RETURN APPLICATION AND APPROPRIATE FEE TO:**  
**MUNICIPAL CLERK'S OFFICE**  
**710 HERMANN ROAD**  
**NORTH BRUNSWICK, NJ 08902**

<b>LICENSE NO.:</b>  <b>DATE ISSUED:</b>
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